



State of Washington  
Application for a Water Right



For Ecology Use  
Fee Paid 10<sup>00</sup> cash  
Receipt # 201947  
Date 10/9/03  
fm

Please follow the attached instructions to avoid unnecessary delays.  
WAHKIACUS ACCLIMATION FACILITY (WAF) - GROUNDWATER

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name: Yakama Nation Fisheries Home Tel: ( ) -  
Mailing Address: PO Box 151 Work Tel: (509) 865-6262  
City Toppenish, State WA Zip+4 98948 + FAX: (509) 865-6293 -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Bill Sharp Home Tel: ( ) -  
Mailing Address PO Box 151 Work Tel: (509) 865-6262  
City Toppenish State WA Zip+4 98948 + FAX: (509) 865-6293  
Relationship to applicant: Employee

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 10 cfs  
(X cubic feet per second) from a    surface water source or X ground wa  
of Fish rearing and acclimation. ATTACH A "LEGAL" D  
(See instructions.) NOTE: A tax parcel number or a plat number is not  
Estimate a maximum annual quantity to be used in acre-feet per year:   

   Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
Year round, with peak use in March and April.

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>4</u>
Number of diversions: <u>  </u>	
Source flows into (name of body of water): <u>Klickitat River</u>	Size & depth of well(s): final design has not been completed, estimates are 8: dia., 100 ft deep

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1,600' west and 200' south of the NE corner of section 19

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NE	NE	S19	49N	14E	Klickitat			

For Ecology Use Date Received: SEPTEMBER 9, 2003 Priority Date: SEPTEMBER 9, 2003 Klickitat  
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #  
Date Accepted As Complete 10/16/2003 By    Date Returned By    WRIA: 30

Appl. No.: 64-34921

IT'S MORE LIKE  
T4N R14E-19



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. (See instructions.)

A confined aquifer in a basalt layer will be tapped. A 6" domestic well 100 ft deep that was constructed in September of 2002 produced an estimated 2 cfs of artesian flow. Similar wells will supply water to salmon acclimation ponds and be discharged to the Klickitat River. See the attached design report for more details

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION. **See the attached copy of the Bell Water Right.**

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
  - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

Earthen rearing ponds with plastic liners and concrete raceways will be use to retain water.

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

North on Hwy 142 from Klickitat, right at Horseshoe Bend county road, site is on left just after crossing bridge over Klickitat R.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See map attached below.

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

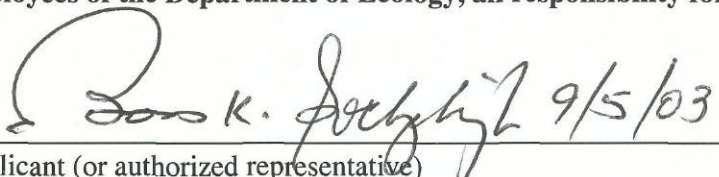
Landowner: Yakama Nation

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

**I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.**

 9/5/03  
Applicant (or authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landowner for place of use (if same as applicant, write "same")

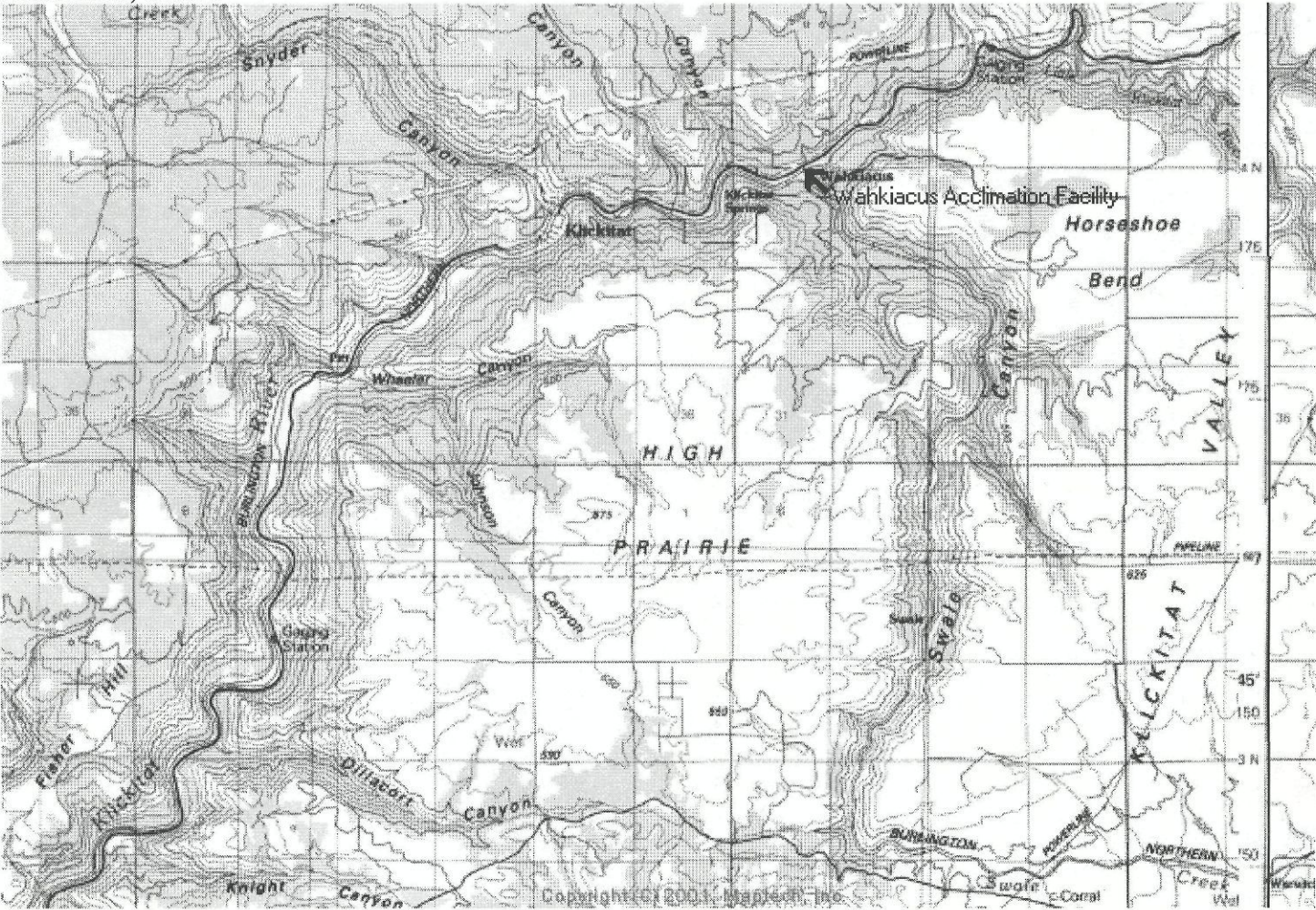
\_\_\_\_\_  
Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 3, LEGAL DESCRIPTION:  
NE ¼ OF NW ¼ OF NE ¼ OF S19, T4N, R14E  
EXCEPT THAT PORTION LYING N OF THE KLIKITAT R.  
ALSO EXCEPT COUNTY ROADS  
ALSO EXCPET RAILROAD RIGHT OF WAY

Section 10, MAP:



We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).APPLICATION